

2008 ELECTION CYCLE  
CPR - SS 08-01(b)CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate GARY A. CHISM  
 Address P.O. Box 2343 Columbus, MS. County Lecombe  
 Telephone (Work) 662-327-0777 (Home) 662-386-6619 (Fax) 662-327-0987  
 Contact Name GARY CHISM Email Address gchism@house.ms.gov  
 Office Sought MS House of Rep Dist #37 Political Party Republican

☐ Check here if above is different from previous report

## TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

## IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
 (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	250 <sup>00</sup> + 200 <sup>00</sup>	\$ 450 <sup>00</sup>	\$ 450 <sup>00</sup>
Total amount of disbursements \$	4100 <sup>00</sup> - 3052	\$ 7152 <sup>00</sup>	\$ 7152 <sup>00</sup>
Total amount of cash on hand		\$ 1669.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

GARY A. CHISM

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Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
GEORGIA-PACIFIC FINANCIAL MGT. LLC	11/14/08	\$ 250.00
Mailing Address		
P.O. Box 61270		\$
City, State, Zip Code		
Phoenix, AZ. 85082-1270		\$
Name of Employer (Required)		
N/A		\$
Occupation (Required)		
N/A		\$
Aggregate year-to-date		\$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Name of Employer (Required)		\$
		\$
Occupation (Required)		\$
Aggregate year-to-date		\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Name of Employer (Required)		\$
		\$
Occupation (Required)		\$
Aggregate year-to-date		\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Name of Employer (Required)		\$
		\$
Occupation (Required)		\$
Aggregate year-to-date		\$



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Name of Candidate or Committee

CARM A. Chism

Reporting period

1/1/08

through

12/31/08

## ITEMIZED DISBURSEMENTS

Full name	STARKVILLE ROTARY CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 80002	1/1/08	\$ 1100 <sup>00</sup>
City, State, Zip Code	STARKVILLE, MS. 39759	12/31/08	\$
Purpose of Disbursement (Optional)	N/A	Aggregate Year-to-date	\$ 1100 <sup>00</sup>
Full name	WKBB-FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	413 N. Forrest St.	1/1/08	\$ 1500 <sup>00</sup>
City, State, Zip Code	West Point, MS. 39773	12/31/08	\$
Purpose of Disbursement (Optional)	N/A	Aggregate Year-to-date	\$ 1500 <sup>00</sup>
Full name	WICKER FOR Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 64	1/14/08	\$ 500 <sup>00</sup>
City, State, Zip Code	JACKSON, MS. 39205	1/1/08	\$
Purpose of Disbursement (Optional)	N/A	Aggregate Year-to-date	\$ 500 <sup>00</sup>
Full name	McCollough For Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 22	1/25/08	\$ 250 <sup>00</sup>
City, State, Zip Code	Tupelo, MS. 38802	1/1/08	\$
Purpose of Disbursement (Optional)	N/A	Aggregate Year-to-date	\$ 250 <sup>00</sup>
Full name	CHARLIE ROSS FOR Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 5993	1/26/08	\$ 250 <sup>00</sup>
City, State, Zip Code	BRANDON, MS. 39047	1/1/08	\$
Purpose of Disbursement (Optional)	N/A	Aggregate Year-to-date	\$ 250 <sup>00</sup>
Full name	GREG DAVIS FOR Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5779 Getwell Rd, Bldg D1	4/28/08	\$ 250 <sup>00</sup>
City, State, Zip Code	SOUTHAVEN, MS. 38672	1/1/08	\$
Purpose of Disbursement (Optional)	N/A	Aggregate Year-to-date	\$ 250 <sup>00</sup>

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Name of Candidate or Committee GARY A. Chisim  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED DISBURSEMENTS

Full name <u>Pierce For Supreme Court</u>	Date (Mo., Day, Year) <u>5/20/08</u>	Amount of each disbursement this period <u>\$ 250.00</u>
Mailing Address <u>P.O. Box 753</u>		
City, State, Zip Code <u>VASCAROLA, MS. 39568</u>		
Purpose of Disbursement (Optional) <u>N/A</u>	Aggregate Year-to-date	\$ <u>250.00</u>
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$